

FACSIMILE COVER SHEET

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ALL PAGES MUST BE NUMBERED

TO THE FOLLOWING:

Name	Company	Fax #	Phone #
Examiner Wells	USPTO	1-703-872-9307	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/639,289
Applicant: Dedhiya, M.
Filed: August 15, 2000
Art Unit: 1617
Examiner: Wells, L.Q.
Docket No.: 01895238
Customer No.: 26565

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE BY FACSIMILE

Date of Facsimile: November 4, 2003

typed or printed name of person transmitting paper
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Joseph A. Mahoney

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Dear Sir:

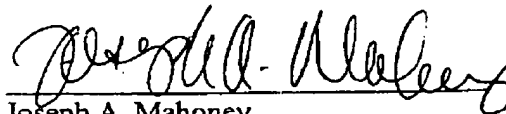
Enclosed herewith is the following for the above-captioned application:

1. Associate Power of Attorney.

8983912.1 110403 10080 01736599

The Commissioner is hereby authorized to charge any additional filing fees required under Rule 1.17 concerning this transaction, or to credit any overpayment to Deposit Account 13-0019.

Respectfully submitted,



Joseph A. Mahoney

Reg. No. 38,956

Date: November 4, 2003

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